SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. _<u>i</u> TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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